

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

CRAIG DAVIS, as parent and natural guardian of ANDREW DAVIS,

Plaintiff,

-against-

CATAMOUNT DEVELOPMENT CORP.,  
CATAMOUNT DEVELOPMENT CORP,  
d/b/a CATAMOUNT SKI AREA,

Defendants.

CIVIL ACTION

No. 05-30011-MAP

**PLAINTIFF'S MOTION TO SUBSTITUTE AND  
CORRECT EXHIBIT  
(ASSENTED TO BY DEFENDANT)**

Now comes Plaintiff Craig Davis o/b/o Andrew Davis and moves this Court for permission to substitute the attached Incident Report Form as the correct Exhibit 12 (in opposition to Defendant's Motion For Summary Judgment). In further support, Plaintiff states:

1. The incorrect accident report was erroneously annexed to Plaintiff's Opposition To The Motion For Summary Judgment as Exhibit 12. It does not involve this Plaintiff and was copied from a group of accident reports produced during discovery.
2. The correct Exhibit 12, relating to Andrew Davis's accident at Catamount is annexed hereto.
3. Defendant has assented to this substitution (*see* Defendant's Reply Brief in Support of its Motion For Summary Judgment, p. 2, fn. 1).

Respectfully Submitted,

Craig Davis, as parent of Andrew Davis, Plaintiff  
by his attorney,

October 24, 2006

  

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Charles J. Ferris  
500 Main Street  
Great Barrington, MA 01230  
413 528-8900  
413-528-9132 facsimile  
BBO # 565630

**CERTIFICATE OF SERVICE**

On October 24, 2006 Plaintiff served the foregoing upon William L. Keville, Jr.,  
Counsel for Defendant, electronically.

  

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Charles J. Ferris



RESORT

**Catamount** DATE 1/25/04 TIME OF INCIDENT 9:25 ☒ AM ☐ PM

☐ ON-HILL ☐ LIFT ☐ PREMISE ☐ TUBING HILL DESCRIBE SPECIFIC LOCATION: Connector from Catamount to  
On slope @ top of slope ☐ EASIER ☐ MORE DIFFICULT ☒ MOST DIFFICULT ☐ EXPERTS ONLY ☐ FREESTYLE TERRAIN ☐ NOT APPLICABLE

NAME Andrew Davis ☒ MALE ☐ FEMALE DOB 2/18/96  
ADDRESS 21 Westwick St AGE 7  
CITY Lafayette STATE CT ZIP 06037 HT. 5'  
TELEPHONE 860-935-9904 OCCUPATION WT. 70

**ABILITY** ☐ BEG ☐ INT/APP ☐ INTERMEDIATE ☒ ADV/EXPERT **LESSONS** ☐ IN LESSON ☐ INSTR ☒ N/APPLICABLE **NUMBER OF TIMES ON:** ☒ STRAIL ☐ TODAY ☐ LIFT ☐ PRIOR ☐ OTHER **EQUIPMENT REMOVED BY:** ☒ FALL ☐ PATROL ☐ INURED ☒ OTHER Father

PRIOR INJURY/ILLNESS- DESCRIBE NO YEAR INJURED NO  
CORRECTIVE LENSES NEEDED? ☐ YES ☒ NO WORN? ☐ YES ☒ NO MEDICAL INSURANCE? ☒ YES ☐ NO  
LIST ANY MEDS TAKEN: NO TICKET TYPE Seasons Pass  
ALLERGIES/MEDICAL ALERT DESCRIBE NO GROUP NAME NO

☒ ALPINE ☒ DOWNED ☐ BINDING MAKE NO MODEL NO  
☐ NORDIC ☐ AREA RENTAL NO SKI/BOARD # NO  
☐ SNOWBOARD ☐ OTHER RENTAL NO BOOT # NO  
☐ OTHER EQUIP: ☐ BORROWED NO SHOP NAME NO  
☐ DEMO NO ADDRESS NO  
HELMET WORN? ☒ YES ☐ NO HELMET AREA RENTALS? ☐ YES ☒ NO HELMET RENTAL # NO

Skier skied into wood snow fence.  
wood post not clearly marked, I was doing a drill  
with the race team and skied into a post.  
THE ABOVE STATEMENT IS TRUE AND CORRECT  
INJURED'S SIGNATURE Craig Davis PARENT/GUARDIAN SIGNATURE [Signature]

☒ FRACTURE ☐ PUNCTURE/LACERATION ☐ ABRASION ☐ DISLOCATION ☐ MULTIPLE  
☐ SPRAIN/STRAIN ☐ BRUISE/CONTUSION ☐ CONCUSSION ☐ FROSTBITE ☐ OTHER [Signature]

☐ LEFT ☒ UPPER LEG ☐ HIP ☐ SHOULDER ☐ HEAD ☐ TEETH  
☒ RIGHT ☐ KNEE ☐ ABDOMEN ☐ ARM ☐ FACE ☒ OTHER Bleedy nose  
☐ BOTH ☐ LOWER LEG ☐ CHEST ☐ WRIST ☐ EYE Abuse on  
☐ MULTIPLE ☐ ANKLE ☐ BACK ☐ HAND ☐ NOSE Right knee  
☐ FOOT ☐ NECK ☐ THUMB ☐ MOUTH

ON HILL: Board for load + go  
AT FIRST AID STATION: Pediatric leg splint Right leg.  
I REFUSE FIRST AID: INJURED'S SIGNATURE (PARENT/GUARDIAN IF MINOR) [Signature]

AT SCENE: But Joe, Rich Rob AT FIRST AID STATION: But chaly Ambulance  
TRANSPORTING: NO ☒ PATROL/TOBOGGAN ☐ WALK-IN ☐ OTHER ☒ AMBULANCE ☐ CAR/BUS ☐ WALKING OUT **DESTINATION:** ☐ HOME ☐ LODGE  
☒ RETURN SKIING ☒ MEDICAL FACILITY: Sharon

**SURFACE AT SCENE:** ☐ POWDER ☐ CORN ☐ VARIABLE ☐ PACKED POWDER ☐ LOOSE GRANULAR ☐ FROZ GRAN/HARD PACKED ☐ WET ☐ OTHER **VISIBILITY:** ☐ CLEAR ☐ SNOWING ☐ OVERCAST ☐ RAINING ☐ FOG ☐ SNOW BEING MADE NEAR SCENE **TEMPERATURE:** ☐ BELOW 0 ☐ 0-32 ☐ ABOVE 32 **WIND:** ☐ CALM ☐ MODERATE ☐ HIGH

NAME Liz Davis PHONE 860-935-9904  
ADDRESS 21 Westwick St CITY Lafayette STATE CT ZIP 06037  
NAME Liz Davis PHONE 860-935-9904  
ADDRESS 21 Westwick St CITY Lafayette STATE CT ZIP 06037

SIGNATURE OF INDIVIDUAL COMPLETING REPORT: Judy GartnerDATE REPORT COMPLETED: 1/25/04PRINT NAME: Judy Gartner

Rev. 9/03